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THE ACTION OF THE SOFT PALATE IN SPEAKING AND SWALLOWING, AS SEEN THROUGH THE NOSE IN CERTAIN CASES.

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THE views of writers and experimenters in regard to the position of the soft palate in speaking, have, in times gone by, been very contradictory; on the one hand, some affirming that in the pronunciation of vowels, for instance, the soft palate was raised even to a complete closure of the posterior nares, and others maintaining that it remained unmoved.

Bidder (*Neue Beobachtungen über die Bewegungen des weichen Gaumens*)* had an opportunity of observing the action of the soft palate in speaking, through a large opening in the nasal region, and found that in the pronunciation of the vowel sounds the palate was indeed raised, but that the posterior nares were not completely closed.

Shuh (*Wiener Medizinische Wochenschrift*, Jan. 16, 1858)† communicates observations which he had the opportunity of making on a patient from whose nasal region he had removed a growth, with considerable loss of substance of the nose. He was able, on this account, to obtain a good look down upon the soft palate. He watched its action, both in deglutition and in phonation. He found that, in the pronunciation of the vowels, the soft palate was always raised. This elevation of the palate he found to be least in the pronunciation of A (ah), not up to a horizontal line; with the other vowels, he found it to be raised above the horizontal line, most by I (ee), a little less by U (oo), and still less by O (oh) and E (ay), no difference having been noted between the two latter.

Shuh observed a rising of the soft palate, at least to the horizontal line, with all the consonants except the nasals.

The uvula was never visible from the nose.

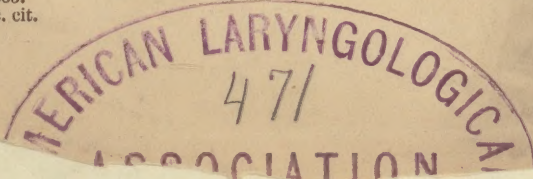
These observations of Bidder and Shuh are the only ones, as far as I know, in which there has been a direct inspection of the soft palate through the nose, and in both of these there was an abnormal opening.

Although it has been noticed that by anterior rhinoscopy, in favorable cases, the posterior wall of the pharynx can be seen, yet no one seems to have hitherto observed the action of the soft palate through the healthy nose. I have recently had two patients, through whose well-dilated nostrils, by using reflected light, I could see well the action of the soft palate, in speaking and swallowing. In one of the cases, I tried all of the vowels. My results were essentially the same as Shuh's, the soft palate rising highest with I (ee), the least with A (ah), and there being not much difference between the others. I tried a few consonants, only, but with the same result.

I do not doubt there are many cases in which this action can be well seen through the nose. It has not been noticed before, because it is only since the perfection of laryngoscopy that we have usually employed strong, reflected light in examining the nose, and because, during the examination of the anterior nares, the patient does not usually speak or swallow, and so bring the soft palate up into the line of vision.

* Ueber die Verschliessung des Schlundes beim Sprechen. Dr. Gustav Passavant. Frankfurt, a. M. 1863.

† Passavant. Loc. cit.



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IN CERTAIN CASES.

BY F. A. J. KNOTT, M.D.

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The views of the author in regard to the position of the soft palate in swallowing, as seen through the nose, are based on the study of the anatomy of the pharynx and the action of the soft palate in swallowing, as seen through the nose, in certain cases.

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